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Stable Ischemic Heart Disease

THE MEASUREMENT OF FFR SHOULD BE INDICATED NOT ONLY FOR EQUIVOCAL STENOSIS, BUT ALSO FOR SIGNIFICANT AND NON-SIGNIFICANT STENOSIS

Oral Contributions
Room 147 A
Saturday, March 29, 2014, 9:15 a.m.-9:30 a.m.

Session Title: Stable Ischemic Heart Disease: Basic Sciences and Clinical Studies
Abstract Category: 25. Stable Ischemic Heart Disease: Clinical
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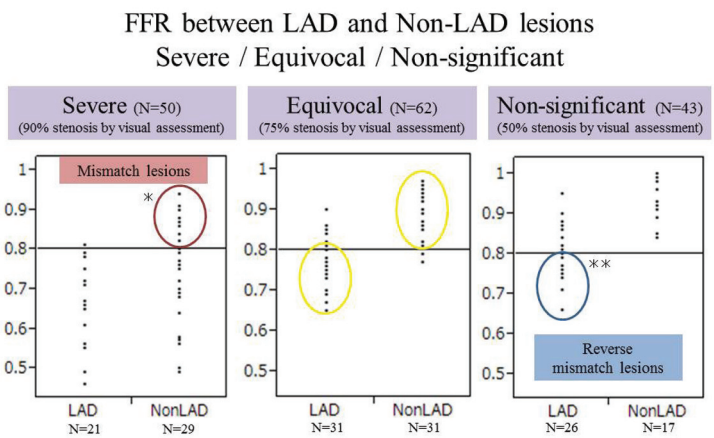
Background: The FAME study demonstrated the measurement of fractional flow reserve (FFR) improved the clinical outcome compared with optimal medical therapy and angio-guided PCI. However, many cardiologists measure FFR mainly in equivocal stenosis and don't measure in severe or non-significant stenosis. There were few reports of the association the degree of stenosis with regional diffrence.

Methods: FFR measurements were performed in 155 lesions located ato the proximal or mid part of major coronary artery from October 2012 to September 2013. Acute coronary syndrome, LMT lesions, tandem lesions and CABG were excluded. FFR was checked after intravenous administration of adenosine (180μg). Lesions with FFR<0.80 were considered functionally significant. We divided into LAD and non-LAD lesions and evaluated the FFR value in severe (90% stenosis by visual assessment), equivocal (75%), and non-significant (25-50%) lesions.

Result: In severe lesions, prevalence of FFR>0.80 in non-LAD was significantly higher than that in LAD lesions. In non-significant and equivocal stenotic lesions, prevalence of FFR≤0.80 in LAD was significantly higher than that in non-LAD lesions.

Conclusion: There are many reverse mismatch in LAD (non-siginificant stesosis with positive FFR) and mismach in non-LAD (significant stenosis with negative FFR), which warrant wider indication of FFR.



* In severe lesions, prevalence of FFR>0.80 in non-LAD was significantly higher than that in LAD lesions (p=0.02). **In non-significant lesions, prevalence of FFR≤0.80 in LAD was significantly higher than that in non-LAD lesions (p=0.01).